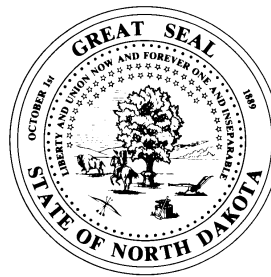


Bismarck/Mandan **Benefits** 2004 **Survey**



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SUMMARY

On November 17, 2003, benefit survey forms were mailed to 1,086 Bismarck-Mandan area employers. Completed surveys were received from 682 businesses for a response rate of 62.8 percent. Of the total responses, 634 (93.0 percent) of the firms were privately owned and 48 (7.0 percent) were in the government sector. Listed below are the number and percent of usable responses by industry.

| Major NAICS Industry Groups | Number | Percent |
|--|------------|---------------|
| 11 Agriculture, Forestry, Fishing, Hunting | 0 | .0% |
| 21 Mining | 2 | .3% |
| 22 Utilities | 4 | .6% |
| 23 Construction | 78 | 11.4% |
| 31-33 Manufacturing | 31 | 4.5% |
| 42 Wholesale Trade | 58 | 8.5% |
| 44-45 Retail Trade | 73 | 10.7% |
| 48-49 Transportation and Warehousing | 25 | 3.7% |
| 51 Information | 15 | 2.2% |
| 52 Finance and Insurance | 30 | 4.4% |
| 53 Real Estate, Rental and Leasing | 37 | 5.4% |
| 54 Professional, Scientific, and Technical Services | 64 | 9.4% |
| 55 Management of Companies | 1 | .1% |
| 56 Admin., Support, Waste Management & Remedial Services | 39 | 5.7% |
| 61 Educational Services | 11 | 1.6% |
| 62 Health Care and Social Assistance | 37 | 5.4% |
| 71 Arts, Entertainment and Recreation | 11 | 1.6% |
| 72 Accommodation and Food Services | 46 | 6.7% |
| 81 Other Services (Except Public Admin.) | 83 | 12.2% |
| 92 Public Administration | 37 | 5.4% |
| Total | 682 | 100.0% |

In order to paint a better picture of the benefits North Dakota employers are providing to their employees, two survey forms were mailed to each employer. One survey pertained to salaried personnel, while the other dealt with hourly personnel. A total of 583 Hourly Surveys and 533 Salaried Surveys were completed by the 682 responding firms. Listed below are the number and percentage of usable surveys by survey category.

| | Number | Percent |
|--------------------|--------|---------|
| Hourly Personnel | 583 | 85.5% |
| Salaried Personnel | 533 | 78.2% |

All benefits were computed from data voluntarily provided by the sampled employers. Reviews were performed on the data by Job Service staff to eliminate discrepancies.

**Fringe Benefits Survey Results
Clerical/Production/Hourly Personnel**

FRINGE BENEFITS SURVEY RESULTS

Hourly Personnel

| TIME OFF | | Vacation Days Off With Pay | | | | | | | |
|---|--|-----------------------------------|--------------|---------------|----------------|----------------|----------------|--------------|------------|
| Years of Employment | | 0 | 1 - 5 | 6 - 10 | 11 - 15 | 16 - 20 | 21 - 25 | 26 + | NR* |
| First Year | | 31.6% | 38.3% | 16.6% | 11.3% | 1.9% | 0.3% | 0.0% | 0.0% |
| Fifth Year | | 20.1% | 13.9% | 33.1% | 24.5% | 5.5% | 1.2% | 0.3% | 1.4% |
| Tenth Year | | 19.2% | 10.1% | 21.1% | 30.2% | 11.7% | 5.0% | 1.0% | 1.7% |
| Fifteenth Year | | 19.2% | 9.6% | 16.3% | 27.8% | 14.8% | 7.0% | 3.6% | 1.7% |
| Twentieth Year | | 19.0% | 9.1% | 16.1% | 24.5% | 16.0% | 9.1% | 4.5% | 1.7% |
| Twenty-fifth Year | | 19.0% | 9.1% | 16.0% | 24.2% | 14.8% | 10.5% | 4.8% | 1.7% |
| Thirtieth Year | | 19.0% | 8.9% | 15.8% | 24.0% | 14.6% | 10.3% | 5.7% | 1.7% |
| Holidays With Pay Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N** | NR |
| | | 29.7% | 1.7% | 3.8% | 30.4% | 17.2% | 12.2% | 3.4% | 1.7% |
| Days of Paid Sick Leave Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N | NR |
| | | 50.8% | 3.1% | 5.3% | 13.7% | 2.4% | 15.8% | 6.5% | 2.4% |
| Days of Paid Extended Sick*** Leave Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N | NR |
| | | 69.3% | 0.9% | 2.1% | 5.1% | 0.9% | 2.7% | 15.3% | 3.8% |
| Days of Paid Family Leave Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N | NR |
| | | 73.6% | 1.9% | 1.7% | 3.9% | 0.3% | 2.1% | 13.0% | 3.4% |
| Days of Unpaid Family Leave Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N | NR |
| | | 33.8% | 0.7% | 0.7% | 0.3% | 0.0% | 4.6% | 56.9% | 2.9% |
| Days of Paid Funeral Leave Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N | NR |
| | | 49.6% | 6.9% | 9.3% | 1.4% | 0.2% | 0.3% | 29.2% | 3.3% |
| Days of Paid Jury Duty Leave Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N | NR |
| | | 48.2% | 1.0% | 1.4% | 0.9% | 0.3% | 1.7% | 43.1% | 3.4% |
| Days of Paid Military Leave Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N | NR |
| | | 58.3% | 0.5% | 0.0% | 0.5% | 0.2% | 3.6% | 33.1% | 3.8% |

* NR = Non-response

** A/N = As Needed

*** To care for immediate family members

NOTE: All percentages have been rounded to the nearest tenth of a percent

FRINGE BENEFITS SURVEY RESULTS Hourly Personnel

INSURANCE

| | Percentage Paid by Company | | | | | | | | | |
|---|----------------------------|-------|-------|-------|-------|--------|--------|---------|-------|-------|
| | YES | NO | NR | 0% | 1-25% | 26-50% | 51-75% | 76-100% | N/A* | NR** |
| Employee Health Plan Provided | | | | | | | | | | |
| Full-time | 65.7% | 32.1% | 2.2% | | | | | | | |
| Percentage of single plan paid by company | | | | 3.1% | 2.9% | 12.7% | 11.1% | 35.8% | 32.1% | 2.2% |
| Percentage of family plan paid by company | | | | 20.8% | 5.3% | 13.4% | 13.0% | 13.0% | 32.1% | 2.4% |
| Part-time | 14.8% | 79.9% | 5.3% | | | | | | | |
| Percentage of single plan paid by company | | | | 2.6% | 0.9% | 3.4% | 2.9% | 4.8% | 79.9% | 5.5% |
| Percentage of family plan paid by company | | | | 5.1% | 1.4% | 3.1% | 2.7% | 2.2% | 79.9% | 5.5% |
| Employee Dental Plan Provided | | | | | | | | | | |
| Full-time | 37.4% | 60.5% | 2.1% | | | | | | | |
| Percentage of single plan paid by company | | | | 9.9% | 1.5% | 4.8% | 7.4% | 13.7% | 60.5% | 2.1% |
| Percentage of family plan paid by company | | | | 16.3% | 2.6% | 5.7% | 6.0% | 6.3% | 60.5% | 2.6% |
| Part-time | 11.7% | 78.9% | 9.4% | | | | | | | |
| Percentage of single plan paid by company | | | | 4.5% | 0.5% | 1.5% | 2.2% | 2.9% | 78.9% | 9.4% |
| Percentage of family plan paid by company | | | | 5.5% | 0.9% | 2.1% | 1.9% | 1.4% | 78.9% | 9.4% |
| Employee Life Insurance Provided | | | | | | | | | | |
| Full-time | 40.1% | 57.8% | 2.1% | 6.5% | 2.4% | 1.9% | 1.5% | 27.8% | 57.8% | 2.1% |
| Part-time | 10.3% | 79.6% | 10.1% | 2.9% | 1.2% | 0.2% | 0.3% | 5.7% | 79.6% | 10.1% |

* N/A = Not Applicable

** NR = Non-response

NOTE: All percentages have been rounded to the nearest tenth of a percent

FRINGE BENEFITS SURVEY RESULTS Hourly Personnel

INSURANCE

| | YES | NO | NR | Percentage Paid by Company | | | | | | |
|--|-------|-------|-------|----------------------------|-------|--------|--------|---------|-------|-------|
| | | | | 0% | 1-25% | 26-50% | 51-75% | 76-100% | N/A* | NR** |
| Employee Vision Plan Provided | | | | | | | | | | |
| Full-time | 20.6% | 76.5% | 2.9% | | | | | | | |
| Percentage of single plan paid by company | | | | 4.8% | 1.5% | 3.9% | 3.6% | 6.7% | 76.5% | 2.9% |
| Percentage of family plan paid by company | | | | 7.5% | 1.7% | 3.9% | 3.6% | 3.8% | 76.5% | 2.9% |
| Part-time | 7.9% | 77.7% | 14.4% | | | | | | | |
| Percentage of single plan paid by company | | | | 2.2% | 1.0% | 1.0% | 1.5% | 1.9% | 77.7% | 14.6% |
| Percentage of family plan paid by company | | | | 2.7% | 1.4% | 0.7% | 1.7% | 1.4% | 77.7% | 14.4% |
| Short-Term Disability Plan Provided | | | | | | | | | | |
| Full-time | 22.6% | 74.8% | 2.6% | | | | | | | |
| Percentage of single plan paid by company | | | | 8.9% | 0.9% | 0.9% | 1.0% | 10.6% | 74.8% | 2.9% |
| Percentage of family plan paid by company | | | | 14.9% | 0.7% | 1.2% | 1.0% | 4.5% | 74.8% | 2.9% |
| Part-time | 7.0% | 82.2% | 10.8% | | | | | | | |
| Percentage of single plan paid by company | | | | 3.9% | 0.2% | 0.0% | 0.2% | 2.7% | 82.2% | 10.8% |
| Percentage of family plan paid by company | | | | 5.3% | 0.2% | 0.2% | 0.2% | 1.2% | 82.2% | 10.8% |
| Long-Term Disability Plan Provided | | | | | | | | | | |
| Full-time | 20.1% | 77.2% | 2.7% | 7.2% | 1.2% | 0.5% | 1.2% | 9.6% | 77.2% | 3.1% |
| Part-time | 5.7% | 84.9% | 9.4% | 2.6% | 0.3% | 0.0% | 0.5% | 2.1% | 84.9% | 9.6% |

* N/A = Not Applicable

** NR = Non-response

NOTE: All percentages have been rounded to the nearest tenth of a percent

FRINGE BENEFITS SURVEY RESULTS Hourly Personnel

RETIREMENT

| | Percentage Paid by Company | | | | | | | | | |
|--|----------------------------|-------|------|------|-------|--------|--------|---------|-------|------|
| | YES | NO | NR | 0% | 1-25% | 26-50% | 51-75% | 76-100% | N/A* | NR** |
| Formal Retirement Plan Provided | | | | | | | | | | |
| Full-time | 59.3% | 39.1% | 1.5% | 5.3% | 34.8% | 6.5% | 1.0% | 11.1% | 39.1% | 2.1% |
| Part-time | 22.3% | 72.6% | 5.1% | 1.0% | 13.4% | 2.4% | 0.5% | 5.0% | 72.6% | 5.1% |

SALARY POLICY

| | Annually | Semi-Annually | Biennially | Other | NR |
|------------------------|----------|---------------|------------|-------|------|
| Salary Reviewed | 69.6% | 11.3% | 0.7% | 15.8% | 2.6% |

| | Merit | Cost of Living | Combination | Longevity | None | NR |
|-------------------------|-------|----------------|-------------|-----------|------|------|
| Type of Increase | 28.8% | 8.6% | 52.1% | 2.9% | 4.3% | 3.3% |

| | YES | NO | Don't Know | NR | Average Amount |
|---|-------|-------|------------|------|----------------|
| Percent of employers who gave pay raises last year | 84.0% | 12.7% | N/A | 3.3% | 5.5% |
| Percent of employers planning on giving pay raises next year | 55.1% | 3.9% | 37.2% | 3.8% | 4.7% |

Benefits as a Percentage of Annual Salary per Employee 30.4%

| | 0% | 1-10% | 11-20% | 21-30% | 31-40% | 41-50% | 51%+ | NR |
|---|------|-------|--------|--------|--------|--------|------|-------|
| Percent of employers paying amount of benefits indicated | 0.0% | 9.4% | 15.3% | 16.8% | 8.9% | 1.7% | 1.2% | 46.7% |

* N/A = Not Applicable

** NR = Non-response

NOTE: All percentages have been rounded to the nearest tenth of a percent

FRINGE BENEFITS SURVEY RESULTS Hourly Personnel

OTHER BENEFITS

| | YES | NO | N/A* | NR** |
|--|-------|-------|-------|-------|
| Accumulation of Vacation Days Allowed | 40.8% | 35.8% | 19.0% | 4.3% |
| Conversion of Accumulated Vacation Leave | 15.6% | 58.1% | 19.0% | 7.2% |
| Alternate Day Off Granted When Holiday Falls on Saturday or Sunday | 42.4% | 41.9% | | 15.8% |
| Accumulation of Sick Leave Allowed | 25.4% | 19.7% | 50.8% | 4.1% |
| Conversion of Accumulated Sick Leave | 5.7% | 39.1% | 50.8% | 4.5% |
| Flextime Scheduling | 32.4% | 64.8% | | 2.7% |
| Paid Day Care Assistance Offered | 1.5% | 96.7% | | 1.7% |
| On-site Day Care Facilities | 1.0% | 97.3% | | 1.7% |
| Employer Paid Training | 73.4% | 23.2% | | 3.4% |
| Employer Paid Education | 41.7% | 52.7% | | 5.7% |
| Club Membership | 10.8% | 83.0% | | 6.2% |
| Employee Discount on Services or Merchandise | 53.7% | 42.0% | | 4.3% |
| Employer Provided Stocks | 3.8% | 90.2% | | 6.0% |
| Employee Stock Purchase Plan | 5.8% | 88.5% | | 5.7% |
| Employer Paid Liability Insurance | 13.0% | 80.6% | | 6.3% |
| Employees May Work Out of Home | 8.4% | 85.4% | | 6.2% |
| Employee Assistance Program | 32.8% | 62.1% | | 5.1% |
| Miscellaneous Benefits Offered in Cafeteria Style Plan | 10.1% | 82.8% | | 7.0% |

* N/A = Not Applicable

** NR = Non-response

NOTE: All percentages have been rounded to the nearest tenth of a percent

**Fringe Benefits Survey Results
Management/Professional/Salaried Personnel**

FRINGE BENEFITS SURVEY RESULTS

Salaried Personnel

| TIME OFF | | Vacation Days Off With Pay | | | | | | | |
|--------------------------------------|--|-----------------------------------|--------------|---------------|----------------|----------------|----------------|--------------|------------|
| Years of Employment | | 0 | 1 - 5 | 6 - 10 | 11 - 15 | 16 - 20 | 21 - 25 | 26 + | NR* |
| First Year | | 20.1% | 34.3% | 21.8% | 20.5% | 2.8% | 0.4% | 0.2% | 0.0% |
| Fifth Year | | 12.4% | 7.9% | 32.5% | 35.5% | 7.9% | 1.9% | 0.4% | 1.7% |
| Tenth Year | | 12.4% | 5.4% | 19.5% | 32.3% | 21.0% | 6.0% | 1.7% | 1.7% |
| Fifteenth Year | | 12.4% | 5.1% | 15.6% | 27.4% | 20.6% | 12.2% | 5.1% | 1.7% |
| Twentieth Year | | 12.2% | 4.9% | 14.6% | 24.4% | 20.1% | 15.0% | 7.1% | 1.7% |
| Twenty-fifth Year | | 12.2% | 4.9% | 14.8% | 23.6% | 18.4% | 16.5% | 7.9% | 1.7% |
| Thirtieth Year | | 12.2% | 4.7% | 14.8% | 23.5% | 17.8% | 16.3% | 9.0% | 1.7% |
| Holidays With Pay | | | | | | | | | |
| Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N** | NR |
| | | 13.7% | 2.1% | 3.8% | 28.3% | 18.2% | 21.0% | 9.6% | 3.4% |
| Days of Paid Sick | | | | | | | | | |
| Leave Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N | NR |
| | | 30.2% | 1.9% | 4.9% | 16.3% | 3.6% | 23.1% | 17.4% | 2.6% |
| Days of Paid Extended Sick*** | | | | | | | | | |
| Leave Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N | NR |
| | | 51.2% | 1.5% | 2.4% | 6.6% | 0.8% | 4.7% | 28.9% | 3.9% |
| Days of Paid Family | | | | | | | | | |
| Leave Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N | NR |
| | | 56.7% | 1.5% | 2.3% | 6.0% | 0.6% | 2.3% | 27.2% | 3.6% |
| Days of Unpaid Family | | | | | | | | | |
| Leave Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N | NR |
| | | 25.5% | 0.6% | 0.4% | 0.6% | 0.0% | 5.6% | 64.0% | 3.4% |
| Days of Paid Funeral | | | | | | | | | |
| Leave Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N | NR |
| | | 31.5% | 6.8% | 12.8% | 1.3% | 0.0% | 0.4% | 44.5% | 2.8% |
| Days of Paid Jury Duty | | | | | | | | | |
| Leave Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N | NR |
| | | 30.2% | 0.9% | 0.6% | 1.3% | 0.8% | 1.5% | 61.7% | 3.0% |
| Days of Paid Military | | | | | | | | | |
| Leave Per Year | | 0 | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + | A/N | NR |
| | | 42.8% | 0.9% | 0.0% | 0.2% | 0.2% | 5.3% | 46.7% | 3.9% |

* NR = Non-response

** A/N = As Needed

*** To care for immediate family members

NOTE: All percentages have been rounded to the nearest tenth of a percent

FRINGE BENEFITS SURVEY RESULTS Salaried Personnel

INSURANCE

| | Percentage Paid by Company | | | | | | | | | |
|---|----------------------------|-------|-------|-------|-------|--------|--------|---------|-------|-------|
| | YES | NO | NR | 0% | 1-25% | 26-50% | 51-75% | 76-100% | N/A* | NR** |
| Employee Health Plan Provided | | | | | | | | | | |
| Full-time | 77.7% | 19.7% | 2.6% | | | | | | | |
| Percentage of single plan paid by company | | | | 2.3% | 3.2% | 11.4% | 11.6% | 48.8% | 19.7% | 3.0% |
| Percentage of family plan paid by company | | | | 19.9% | 6.0% | 13.9% | 12.8% | 24.6% | 19.7% | 3.2% |
| Part-time | 16.1% | 77.5% | 6.4% | | | | | | | |
| Percentage of single plan paid by company | | | | 2.3% | 1.5% | 3.8% | 3.4% | 5.1% | 77.5% | 6.6% |
| Percentage of family plan paid by company | | | | 4.9% | 2.1% | 3.2% | 2.6% | 3.2% | 77.5% | 6.6% |
| Employee Dental Plan Provided | | | | | | | | | | |
| Full-time | 45.4% | 51.2% | 3.4% | | | | | | | |
| Percentage of single plan paid by company | | | | 11.6% | 1.7% | 4.3% | 9.0% | 18.8% | 51.2% | 3.4% |
| Percentage of family plan paid by company | | | | 17.6% | 3.6% | 6.4% | 7.1% | 9.9% | 51.2% | 4.1% |
| Part-time | 13.3% | 76.2% | 10.5% | | | | | | | |
| Percentage of single plan paid by company | | | | 4.9% | 0.9% | 1.7% | 2.4% | 3.4% | 76.2% | 10.5% |
| Percentage of family plan paid by company | | | | 5.4% | 1.5% | 2.4% | 1.7% | 2.3% | 76.2% | 10.5% |
| Employee Life Insurance Provided | | | | | | | | | | |
| Full-time | 50.7% | 47.1% | 2.3% | 7.9% | 4.7% | 1.9% | 1.9% | 34.1% | 47.1% | 2.4% |
| Part-time | 12.6% | 76.2% | 11.3% | 3.9% | 1.3% | 0.4% | 0.8% | 6.0% | 76.2% | 11.4% |

* N/A = Not Applicable

** NR = Non-response

NOTE: All percentages have been rounded to the nearest tenth of a percent

FRINGE BENEFITS SURVEY RESULTS Salaried Personnel

INSURANCE

| | Percentage Paid by Company | | | | | | | | | |
|--|----------------------------|-------|-------|-------|-------|--------|--------|---------|-------|-------|
| | YES | NO | NR | 0% | 1-25% | 26-50% | 51-75% | 76-100% | N/A* | NR** |
| Employee Vision Plan Provided | | | | | | | | | | |
| Full-time | 25.1% | 71.5% | 3.4% | | | | | | | |
| Percentage of single plan paid by company | | | | 7.5% | 0.9% | 2.4% | 4.9% | 9.2% | 71.5% | 3.6% |
| Percentage of family plan paid by company | | | | 9.8% | 1.1% | 3.6% | 4.7% | 5.4% | 71.5% | 3.9% |
| Part-time | 8.4% | 77.3% | 14.3% | | | | | | | |
| Percentage of single plan paid by company | | | | 3.0% | 0.8% | 0.4% | 1.7% | 2.4% | 77.3% | 14.4% |
| Percentage of family plan paid by company | | | | 3.0% | 0.8% | 0.4% | 2.1% | 2.1% | 77.3% | 14.4% |
| Short-Term Disability Plan Provided | | | | | | | | | | |
| Full-time | 26.8% | 69.8% | 3.4% | | | | | | | |
| Percentage of single plan paid by company | | | | 11.8% | 0.8% | 1.3% | 0.9% | 12.0% | 69.8% | 3.4% |
| Percentage of family plan paid by company | | | | 18.4% | 0.9% | 1.3% | 0.6% | 5.4% | 69.8% | 3.6% |
| Part-time | 8.3% | 81.1% | 10.7% | | | | | | | |
| Percentage of single plan paid by company | | | | 4.7% | 0.4% | 0.2% | 0.0% | 3.0% | 81.1% | 10.7% |
| Percentage of family plan paid by company | | | | 6.4% | 0.4% | 0.4% | 0.0% | 0.9% | 81.1% | 10.9% |
| Long-Term Disability Plan Provided | | | | | | | | | | |
| Full-time | 28.0% | 69.0% | 3.0% | 9.4% | 1.3% | 0.9% | 2.1% | 13.7% | 69.0% | 3.6% |
| Part-time | 7.9% | 81.8% | 10.3% | 3.4% | 0.4% | 0.2% | 0.9% | 3.0% | 81.8% | 10.3% |

* N/A = Not Applicable

** NR = Non-response

NOTE: All percentages have been rounded to the nearest tenth of a percent

FRINGE BENEFITS SURVEY RESULTS Salaried Personnel

RETIREMENT

| | Percentage Paid by Company | | | | | | | | | |
|--|----------------------------|-------|------|------|-------|--------|--------|---------|-------|------|
| | YES | NO | NR | 0% | 1-25% | 26-50% | 51-75% | 76-100% | N/A * | NR** |
| Formal Retirement Plan Provided | | | | | | | | | | |
| Full-time | 66.2% | 32.6% | 1.1% | 5.1% | 31.7% | 12.0% | 1.5% | 15.4% | 32.6% | 1.7% |
| Part-time | 23.1% | 72.6% | 4.3% | 2.1% | 8.6% | 5.1% | 0.9% | 6.4% | 72.6% | 4.3% |

SALARY POLICY

| | Annually | Semi-Annually | Biennially | Other | NR |
|------------------------|----------|---------------|------------|-------|------|
| Salary Reviewed | 76.5% | 5.6% | 1.3% | 13.3% | 3.2% |

| | Merit | Cost of Living | Combination | Longevity | None | NR |
|-------------------------|-------|----------------|-------------|-----------|------|------|
| Type of Increase | 23.3% | 9.8% | 49.7% | 3.2% | 8.6% | 5.4% |

| | YES | NO | Don't Know | NR | Average Amount |
|---|-------|-------|------------|------|----------------|
| Percent of employers who gave pay raises last year | 75.0% | 21.8% | N/A | 3.2% | 5.1% |
| Percent of employers planning on giving pay raises next year | 50.8% | 6.6% | 38.5% | 4.1% | 5.1% |

Benefits as a Percentage of Annual Salary per Employee 29.7%

| | 0% | 1-10% | 11-20% | 21-30% | 31-40% | 41-50% | 51%+ | NR |
|---|------|-------|--------|--------|--------|--------|------|-------|
| Percent of employers paying amount of benefits indicated | 0.0% | 8.4% | 16.1% | 18.9% | 9.0% | 2.6% | 0.6% | 44.3% |

* N/A = Not Applicable

** NR = Non-response

NOTE: All percentages have been rounded to the nearest tenth of a percent

FRINGE BENEFITS SURVEY RESULTS Salaried Personnel

OTHER BENEFITS

| | YES | NO | N/A* | NR** |
|--|-------|-------|-------|-------|
| Accumulation of Vacation Days Allowed | 46.9% | 38.1% | 12.2% | 2.8% |
| Conversion of Accumulated Vacation Leave | 13.7% | 69.0% | 12.2% | 5.1% |
| Alternate Day Off Granted When Holiday Falls on Saturday or Sunday | 53.7% | 33.4% | | 12.9% |
| Accumulation of Sick Leave Allowed | 35.3% | 27.2% | 30.2% | 7.3% |
| Conversion of Accumulated Sick Leave | 6.4% | 56.1% | 30.2% | 7.3% |
| Flextime Scheduling | 36.6% | 59.5% | | 3.9% |
| Paid Day Care Assistance Offered | 1.3% | 96.2% | | 2.4% |
| On-site Day Care Facilities | 1.5% | 96.2% | | 2.3% |
| Employer Paid Training | 80.3% | 15.2% | | 4.5% |
| Employer Paid Education | 54.6% | 39.4% | | 6.0% |
| Club Membership | 19.5% | 73.5% | | 6.9% |
| Employee Discount on Services or Merchandise | 49.0% | 45.2% | | 5.8% |
| Employer Provided Stocks | 5.4% | 87.4% | | 7.1% |
| Employee Stock Purchase Plan | 7.9% | 85.4% | | 6.8% |
| Employer Paid Liability Insurance | 17.3% | 75.2% | | 7.5% |
| Employees May Work Out of Home | 16.7% | 77.1% | | 6.2% |
| Employee Assistance Program | 38.5% | 55.2% | | 6.4% |
| Miscellaneous Benefits Offered in Cafeteria Style Plan | 13.3% | 78.8% | | 7.9% |

* N/A = Not Applicable

** NR = Non-response

NOTE: All percentages have been rounded to the nearest tenth of a percent

**APPENDIX I
BENEFITS SURVEY FORM
Clerical/Production/Hourly Personnel**



Benefit Survey
JSND/Labor Market Information
 SFN51780 Revised (5/2/03)

For Hourly Personnel Only - Clerical/Production

VACATION

| | | | | | | | |
|--|----------------------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|
| 1. How many PAID vacation DAYS per year are provided after completion of each of the following years of service: | | | | | | | |
| a. First Year: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26+ |
| b. Fifth Year: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26+ |
| c. Tenth Year: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26+ |
| d. Fifteenth Year: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26+ |
| e. Twentieth Year: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26+ |
| f. Twenty-fifth Year: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26+ |
| g. Thirtieth Year: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26+ |
| (Mark questions 2 & 3 "N/A" if all choices in question 1 are "0"). | | | | | | | |
| 2. Can accumulated vacation days be carried over to the next year? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| 3. Can accumulated vacation days be converted to some other benefit (cash, stock purchase, etc)? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |

HOLIDAYS

| | | | | | | | |
|---|--|--|--|------------------------------|-----------------------------|--|--|
| 4. Number of PAID holidays per year: | | | | | | | |
| (Include floating days and personal holidays) <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| 5. If a holiday falls on Saturday or Sunday, is another day off granted to employees? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

SICK AND RELATED

| | | | | | | | |
|---|--|--|--|------------------------------|-----------------------------|------------------------------|--|
| 6. Number of PAID sick DAYS per year for an employee: <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| (Do not count extended sick leave for family members [Question #9] if they are not considered part of the total for an employee.) | | | | | | | |
| (Mark questions 7 & 8 "N/A" if question 6 is "0".) | | | | | | | |
| 7. If PAID sick leave is provided, is accumulation of sick leave allowed? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| 8. Can accumulated sick leave be converted to some other benefit (cash, medical insurance payments, life insurance payments, etc.)? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| 9. Number of PAID extended sick DAYS per year: | | | | | | | |
| (to care for immediate family members) <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| 10. How many DAYS of PAID family leave are provided per year? | | | | | | | |
| <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| 11. How many DAYS of UNPAID family leave are provided per year? | | | | | | | |
| <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| 12. How many DAYS of PAID funeral leave are provided per year? | | | | | | | |
| <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| 13. How many DAYS of PAID jury duty leave are provided per year? | | | | | | | |
| <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| 14. How many DAYS of PAID military leave are provided per year? | | | | | | | |
| <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| 15. Do you provide Flex-time Scheduling ? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 16. Do you provide PAID Day Care Assistance? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 17. Do you provide ON-SITE Day Care facilities? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

RETIREMENT

| | | | | | | |
|---|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 18. Do you offer a retirement plan to full-time employees? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 19a. If #18 was YES , what % of the total contribution is paid by the company? | | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| b. What % of the total contribution is paid by the employee? | | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 20. Do you offer a retirement plan to part-time employees? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 21a. If #20 was YES , what % of the total contribution is paid by the company? | | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| b. What % of the total contribution is paid by the employee? | | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |

Hourly Personnel Only - Clerical/Production

MEDICAL INSURANCE

| | | | | | |
|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 22. Do you offer medical insurance to full-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 23. If #22 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 24. If #22 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 25. Do you offer medical insurance to part-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 26. If #25 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 27. If #25 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |

VISION CARE INSURANCE

| | | | | | |
|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 28. Do you offer vision care insurance to full-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 29. If #28 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 30. If #28 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 31. Do you offer vision care insurance to part-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 32. If #31 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 33. If #31 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |

LIFE INSURANCE

| | | | | | |
|---|------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 34. Do you offer a life insurance plan to full-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 35. If #34 was YES , what percentage is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 36. Do you offer a life insurance plan to part-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 37. If #36 was YES , what percentage is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |

DENTAL INSURANCE

| | | | | | |
|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 38. Do you offer a dental insurance plan to full-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 39. If #38 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 40. If #38 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 41. Do you offer a dental insurance plan to part-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 42. If #41 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 43. If #41 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |

SHORT-TERM DISABILITY (Do NOT consider Workers Compensation in response to this question)

| | | | | | |
|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 44. Do you offer short-term disability insurance to full-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 45. If #44 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 46. If #44 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 47. Do you offer short-term disability insurance to part-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 48. If #47 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 49. If #47 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |

Hourly Personnel Only - Clerical/Production

LONG-TERM DISABILITY (Do NOT consider Workers Compensation in response to this question.)

| | | | | | |
|---|------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 50. Do you offer long-term disability insurance to full-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 51. If #50 was YES , what percentage is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 52. Do you offer long-term disability insurance to part-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 53. If #52 was YES , what percentage is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |

MISCELLANEOUS BENEFITS

| | | |
|---|--------------------------|--------------------------|
| 54. Please check any of the following benefits that are offered to your hourly employees: | | |
| | Yes | No |
| a. Employer PAID training | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Employer PAID education | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Club membership | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Employee discount on services or merchandise | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Employer PROVIDED stocks | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Employee stock purchase plan | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Employer PAID liability insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Employees may work out of their home | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Employee assistance program | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Are the preceding benefits offered in a cafeteria style plan? | | |
| | <input type="checkbox"/> | <input type="checkbox"/> |

COST OF BENEFITS

| |
|---|
| 56. Please indicate the benefits paid per employee as a percentage of annual salary. Benefits include workers compensation and unemployment insurance premiums, social security (FICA), retirement, health/life insurance, annual/sick leave, etc: (_____ %) |
|---|

SALARY ADJUSTMENTS

| | | | | | |
|---|--|---|-------------------------------------|--------------------------------------|-------------------------------|
| 57. How often are salaries reviewed? (check one) | <input type="checkbox"/> Semi-annually | <input type="checkbox"/> Annually | <input type="checkbox"/> Biennially | <input type="checkbox"/> Other | |
| 58. Type of salary increase, if any, granted to employees: (check one) | <input type="checkbox"/> Merit | <input type="checkbox"/> Cost of Living | <input type="checkbox"/> Longevity | <input type="checkbox"/> Combination | <input type="checkbox"/> None |
| 59. Did your employees receive a salary increase in the last 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 60. If Question #59 was answered YES , indicate the average percentage of the increase: (_____ %) | | | | | |
| 61. Do you plan to give a salary increase in the next 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | | |
| 62. If Question #61 was answered YES , indicate the expected average percent of increase: (_____ %) | | | | | |

NUMBER OF HOURLY PERSONNEL *

| |
|--|
| a. Full-time _____ |
| b. Part-time _____ (Less than 30 hours per week) |
| c. Total Females _____ |
| d. Female Part-time _____ |
| *Note: For companies that have multiple locations throughout the state, only enter the employment numbers for the city currently being surveyed. |

**APPENDIX II
BENEFITS SURVEY FORM
Management/Professional/Salaried Personnel**



Benefit Survey
JSND/Labor Market Information
 SFN51779 Revised (5/2/03)

For Salaried Personnel Only - Management/Professional

VACATION

| | | | | | | | |
|--|----------------------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|
| 1. How many PAID vacation DAYS per year are provided after completion of each of the following years of service: | | | | | | | |
| a. First Year: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26+ |
| b. Fifth Year: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26+ |
| c. Tenth Year: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26+ |
| d. Fifteenth Year: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26+ |
| e. Twentieth Year: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26+ |
| f. Twenty-fifth Year: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26+ |
| g. Thirtieth Year: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> 21-25 | <input type="checkbox"/> 26+ |
| (Mark questions 2 & 3 "N/A" if all choices in question 1 are "0"). | | | | | | | |
| 2. Can accumulated vacation days be carried over to the next year? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| 3. Can accumulated vacation days be converted to some other benefit (cash, stock purchase, etc)? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |

HOLIDAYS

| | | | | | | | |
|---|--|--|--|------------------------------|-----------------------------|--|--|
| 4. Number of PAID holidays per year: | | | | | | | |
| (Include floating days and personal holidays) <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| 5. If a holiday falls on Saturday or Sunday, is another day off granted to employees? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

SICK AND RELATED

| | | | | | | | |
|---|--|--|--|------------------------------|-----------------------------|------------------------------|--|
| 6. Number of PAID sick DAYS per year for an employee: <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| (Do not count extended sick leave for family members [Question #9] if they are not considered part of the total for an employee.) | | | | | | | |
| 7. If PAID sick leave is provided, is accumulation of sick leave allowed? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| 8. Can accumulated sick leave be converted to some other benefit (cash, medical insurance payments, life insurance payments, etc.)? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | |
| 9. Number of PAID extended sick DAYS per year: | | | | | | | |
| (to care for immediate family members) <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| 10. How many DAYS of PAID family leave are provided per year? | | | | | | | |
| <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| 11. How many DAYS of UNPAID family leave are provided per year? | | | | | | | |
| <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| 12. How many DAYS of PAID funeral leave are provided per year? | | | | | | | |
| <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| 13. How many DAYS of PAID jury duty leave are provided per year? | | | | | | | |
| <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| 14. How many DAYS of PAID military leave are provided per year? | | | | | | | |
| <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9+ <input type="checkbox"/> As Needed | | | | | | | |
| 15. Do you provide Flex-time Scheduling ? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 16. Do you provide PAID Day Care Assistance? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 17. Do you provide ON-SITE Day Care facilities? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

RETIREMENT

| | | | | | |
|---|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|
| 18. Do you offer a retirement plan to full-time employees? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 19a. If #18 was YES , what % of the total contribution is paid by the company? | | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 |
| b. What % of the total contribution is paid by the employee? | | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 |
| 20. Do you offer a retirement plan to part-time employees? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 21a. If #20 was YES , what % of the total contribution is paid by the company? | | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 |
| b. What % of the total contribution is paid by the employee? | | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 |

Salaried Personnel Only - Management/Professional

MEDICAL INSURANCE

| | | | | | |
|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 22. Do you offer medical insurance to full-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 23. If #22 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 24. If #22 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 25. Do you offer medical insurance to part-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 26. If #25 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 27. If #25 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |

VISION CARE INSURANCE

| | | | | | |
|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 28. Do you offer vision care insurance to full-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 29. If #28 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 30. If #28 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 31. Do you offer vision care insurance to part-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 32. If #31 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 33. If #31 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |

LIFE INSURANCE

| | | | | | |
|---|------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 34. Do you offer a life insurance plan to full-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 35. If #34 was YES , what percentage is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 36. Do you offer a life insurance plan to part-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 37. If #36 was YES , what percentage is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |

DENTAL INSURANCE

| | | | | | |
|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 38. Do you offer a dental insurance plan to full-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 39. If #38 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 40. If #38 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 41. Do you offer a dental insurance plan to part-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 42. If #41 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 43. If #41 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |

SHORT-TERM DISABILITY (Do NOT consider Workers Compensation in response to this question)

| | | | | | |
|--|------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 44. Do you offer short-term disability insurance to full-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 45. If #44 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 46. If #44 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 47. Do you offer short-term disability insurance to part-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 48. If #47 was YES , what percentage of a single plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 49. If #47 was YES , what percentage of a family plan is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |

Salaried Personnel Only - Management/Professional

LONG-TERM DISABILITY (Do NOT consider Workers Compensation in response to this question.)

| | | | | | |
|---|------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 50. Do you offer long-term disability insurance to full-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 51. If #50 was YES , what percentage is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |
| 52. Do you offer long-term disability insurance to part-time employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 53. If #52 was YES , what percentage is paid by the company? | <input type="checkbox"/> 0% | <input type="checkbox"/> 1-25 | <input type="checkbox"/> 26-50 | <input type="checkbox"/> 51-75 | <input type="checkbox"/> 76-100 |

MISCELLANEOUS BENEFITS

| | | |
|---|--------------------------|--------------------------|
| 54. Please check any of the following benefits that are offered to your salaried employees: | | |
| | Yes | No |
| a. Employer PAID training | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Employer PAID education | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Club membership | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Employee discount on services or merchandise | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Employer PROVIDED stocks | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Employee stock purchase plan | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Employer PAID liability insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Employees may work out of their home | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Employee assistance program | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Are the preceding benefits offered in a cafeteria style plan? | <input type="checkbox"/> | <input type="checkbox"/> |

COST OF BENEFITS

| |
|--|
| 56. Please indicate the benefits paid per employee as a percentage of annual salary. Benefits include workers compensation and unemployment insurance premiums, social security (FICA), retirement, health/life insurance, annual/sick leave, etc: (%) |
|--|

SALARY ADJUSTMENTS

| | | | | | |
|--|--|---|-------------------------------------|--------------------------------------|-------------------------------|
| 57. How often are salaries reviewed? (check one) | <input type="checkbox"/> Semi-annually | <input type="checkbox"/> Annually | <input type="checkbox"/> Biennially | <input type="checkbox"/> Other | |
| 58. Type of salary increase, if any, granted to employees: (check one) | <input type="checkbox"/> Merit | <input type="checkbox"/> Cost of Living | <input type="checkbox"/> Longevity | <input type="checkbox"/> Combination | <input type="checkbox"/> None |
| 59. Did your employees receive a salary increase in the last 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 60. If Question #59 was answered YES , indicate the average percentage of the increase: (%) | | | | | |
| 61. Do you plan to give a salary increase in the next 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown | | |
| 62. If Question #61 was answered YES , indicate the expected average percent of increase: (%) | | | | | |

NUMBER OF SALARIED PERSONNEL*

| |
|--|
| a. Full-time _____ |
| b. Part-time _____ (Less than 30 hours per week) |
| c. Total Females _____ |
| d. Female Part-time _____ |

*Note: For companies that have multiple locations throughout the state, only enter the employment numbers for the city currently being surveyed.

Job Service North Dakota
Bismarck/Mandan Benefits Survey
Labor Market Information Center
1000 East Divide Avenue
P.O. Box 5507
Bismarck, ND 58506-5507

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Bismarck/Mandan Benefits Survey
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